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ABSTRACT

This study attempts to develop a test of moral reasoning on ethical decision making in the practice of occupational therapy. To develop test items, 22 therapists were interviewed. Therapists were asked to describe common moral dilemmas. The five most common types of dilemmas described were: (1) deciding the most appropriate type of intervention; (2) disagreeing with the referring professional on appropriate intervention methods; (3) disagreeing with other health care team members about the appropriate intervention; (4) constraints due to the type of facility; and (5) disagreeing with the client (or client's family) about appropriate intervention methods. Ten representative dilemmas were organized into an Occupational Therapy Dilemmas Test (OTDT) and pretested on a second, different group of 22 therapists. After correction, the test was pilot-tested on another group of 20 therapists. Further corrections were made. In the final phase of the research, a validity and reliability study was conducted. Subjects included a group of practicing therapists and a group of occupational therapy students. Subjects' results on the OTDT were compared to results on the Defining Issues Test. No correlation was found. Although unexpected, students' scores for both tests were higher than were practicing therapists' scores, possibly due to students being test-wise or to a decline in level of moral reasoning by practicing therapists. Revision of the OTDT is planned. (An outline of the study and a sample dilemma are included.) (ABL)

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MORAL REASONING AND ETHICAL DECISION MAKING IN
THE PRACTICE OF OCCUPATIONAL THERAPY

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Paper presented at the Woman Researcher Conference, Kalamazoo, MI, November
8, 1985.

MORAL REASONING AND ETHICAL DECISION MAKING IN THE PRACTICE OF OCCUPATIONAL THERAPY

Text of presentation delivered at the 1985 Woman Researcher Conference, Kalamazoo, Michigan. November 8, 1985.

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What I intend to do today is to briefly describe my study. You have in your handout an outline of the phases of my study. The second page is a comparison of theories of moral development which have been set forth by Lawrence Kohlberg and Carol Gilligan. I have also included a sample of a dilemma which is similar to the ones that I used in the test which I constructed.

My study evolved from an interest in developing content on ethics for the professional curriculum of an occupational therapy program. Prior to the construction of instructional modules on ethical decision making in practice, it was necessary to identify a means of evaluating differences in types of decision making and possible changes in decision making after instruction. Since little research had been done on this topic in occupational therapy, no evaluation methods were available which were considered appropriate to these purposes. One school of thought in values education which has evidence of valid and reliable evaluation measures is cognitive-moral development, specifically the Moral Development Interview of Lawrence Kohlberg (1963) and the Defining Issues Test of James Rest (1972). Although these tests have vastly different

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formats, they both measure the subject's level of moral development on hypothetical social dilemmas.

The purpose of my research was to develop a test of moral reasoning on ethical decision making in the practice of occupational therapy. It was conducted in three phases: the development of test items, the pilot study, and the validity and reliability study. One limitation of the study was that only female subjects were selected. This was done in order to eliminate one variable but was justified in that less than five percent of the occupational therapists in the United States are males.

Phase I. The purpose of this phase was to develop test items by interviewing therapists and collecting their descriptions of practice dilemmas. Twenty-two therapists with five or more years of practice were interviewed for an hour or more each. The therapist was asked to describe dilemmas which she considered common in her day-to-day practice. Care was taken to describe what was meant by a dilemma: "A situation for which there is no clear cut right or wrong answer."

These interviews were audiotaped and then transcribed. At the conclusion of this set of interviews, the transcriptions were reviewed and each of the 74 dilemmas that were generated was analyzed to identify those with a common underlying theme or common type of conflict.

The five most common types or categories were:

1. The therapist had a conflict over the type of intervention method which is most appropriate.

2. The therapist had a difference with the referring professional on the appropriate method of intervention to be used.

3. There were conflicts because of the inherent constraints imposed due to the type of facility in which services were being delivered.

4. Disagreements occurred between members of the health-care team upon the preferred method of intervention.

5. Disagreements occurred between the therapist and the client, or the therapist and the client's family about the method of intervention to be used.

From the dilemmas collected, 10 were selected which were representative of the various categories of dilemmas mentioned. These dilemmas had been identified by the subjects as recurrent in their day-to-day practice. They were developed into vignettes complete with action choices and issues statements which approximated Kohlberg's stages of moral reasoning as closely as possible. (Brief reference to stages here)

These dilemmas were organized into a first draft of the Occupational Therapy Dilemmas Test (OTDT). This draft followed the format used by Dr. James Rest in his Defining Issues Test (DIT, Rest, 1972).

This first draft of the OTDT was then given to another group of 22 therapists with three or more years of practice experience. All of these volunteers were asked to read through the draft of the OTDT and respond in writing with what they considered to be appropriate answers. They were also asked to note any editorial changes which would improve the clarity of the test.

Each therapist was then interviewed to gather verbal reactions to the test. From these interviews six dilemmas were

chosen which were considered to be most common or characteristic of occupational therapy practice by this group. These six dilemmas were then reviewed by experts in moral development (Dr. James Rest and Dr. Patricia Crisham). Their advice was used to streamline the design of the test, to clarify the language, and to write accurate, stage-specific issue statements for each dilemma. At this point the OTDT was ready to pilot-test. (Refer to example of format here.)

Phase II-This phase of the study was designed to clarify the language of the test. Therapists with one or more years of practice were solicited to take the test and provide verbal feedback in a semi-structured interview.

After taking the test each of the 20 subjects was interviewed and asked for suggestions that would improve the clarity of the directions, of the situations described in the vignettes, and the the action choices and issue statements. The suggestions were examined and editorial changes made to improve the clarity of the test. With these corrections made a draft of the OTDT was prepared for implementation of the final phase--the study of the validity and reliability of the OTDT.

Phase III-This phase of the research involved the solicitation of two groups of subjects to take both the DIT and the OTDT. One group, practicing therapists was selected from the 1982-1983 membership list of the Michigan Occupational Therapy Association using a table of random numbers. A second group was selected in the same manner from those students enrolled during Fall semester of 1983 in the Occupational Therapy Program at Eastern Michigan University.

Of those contacted 61% (81) of the therapists and 86% (44) of the students responded positively to the request to take both tests and to fill out a demographic sheet. Demographic factors examined in this study were level of education, age, and number of years of practice.

The crucial step was to test the major hypothesis of the study--"There is a low to moderate positive correlation (+.3 to +.5) between an individual's score on the OTDT and that same person's score on the DIT." This hypothesis is related to the concurrent validity of the OTDT with the DIT. There was essentially no correlation found ($r=.09$, $p=.158$).

The lack of correlation between the two tests is interesting since there are at least three major factors which they have in common--namely, they are based upon the same theory, they employ the same forced choice response format, and the same scoring system was used for both tests.

Although age and level of education are considered to be the two greatest predictors of stage of moral reasoning, in my study the students' range and mean scores for both test were slightly higher than that of the therapists. These result may be due to students being more "test-wise" than the therapists. Or, it may be that therapists' level of moral reasoning declines slightly once they enter the work force. Does the system have an impact upon these decisions? Most therapists work in an institution with a definite hierarchy of power which is linked to the decisions made about the services which will be provided for clients. Decisions regarding such factors as whether

clients will receive occupational therapy, what type of occupational therapy services will be provided, and how long therapy will be provided are often determined by the attending physician and/or the administration of the facility. In the interviews I conducted several therapists described dilemmas they experienced because of their lack of power or control over matters related to the provision of quality occupational therapy.

If it is true that a therapist's level of moral reasoning declines with practice, what are the implications for the field of occupational therapy. There is little written evidence of structured attempts to teach ethical decision making in my profession. The dilemmas which are common in practice such as the example you have read, should be discussed and analyzed by students to help to prepare them for conflicts that they will inevitably face. In addition, practicing therapists need more in-service training and other types of continuing education to raise their level of understanding and their ability to cope with such situations. It is particularly vital that therapists increase their ability to communicate their stance on such dilemmas in a clear and articulate manner.

I am continuing my research in this area and consider it at this point to be my life's work. I hope to revise the OTDT so that it will have respectable validity and reliability. I also hope to continue to gather information about the changes in the levels of moral reasoning of students and therapists. It is all done, of course, with the hope that this information can be used to better prepare occupational therapists to deal with the ethical dilemmas they face in their day-to-day practice.

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MORAL REASONING AND ETHICAL DECISION MAKING IN THE
PRACTICE OF OCCUPATIONAL THERAPY

A study conducted from 1982 to 1984
by Ruth A. Hansen, Ph.D., OTR, FAOTA

Purpose: to develop a test, called the Occupational Therapy
Dilemmas Test, to measure levels of moral reasoning on
practice dilemmas in that field.

Design of the study:

Phase I. Development of test items

Purpose-to identify common dilemmas in the practice of
occupational therapy

- | | |
|-----------------------------|------------------------------------|
| A. 22 practicing therapists | five or more
years of practice |
| B. 22 practicing therapists | three or more
years of practice |

Phase II. Pilot study

Purpose-to clarify the language of the test and identify six
dilemmas to be included in the final form of the test

- | | |
|--------------------------|----------------------------------|
| 20 practicing therapists | one or more years of
practice |
|--------------------------|----------------------------------|

Phase III. Validity and reliability study

Purpose-to explore the validity and reliability of the
Occupational Therapy Dilemmas Test (OTDT).

- | |
|--|
| 81 practicing therapists |
| 44 baccalaureate level occupational therapy students |

	OTDT		DIT	
	range	mean	range	mean
OTR	47-93	75	13-78	42.4
OTS	58-99	77.4	23-75	47.2

SPLINTING

Michelle, an occupational therapist, receives verbal orders by phone from a new resident to make a specific type of hand splint for an outpatient. The patient, a nurse in the emergency room at the hospital, hand carries the referral to O.T. within ten minutes of the time Michelle talked with the doctor. After evaluating the nurse's hand, Michelle knows that a different splint is needed. The resident told her he was on his way out of the hospital and, therefore, Michelle will not be able to contact him until tomorrow. The nurse needs the splint so that she can return to work in one-half hour.

ACTION CHOICE: Michelle should--

 Make the splint
as ordered

 Can't decide

 Make the splint
she knows is needed--

ISSUES: Degree of importance

Great Much Some Little No

1. The nurse can always come back tomorrow to have another splint made.
2. Whether the doctor will be in agreement with the action taken.
3. Whether the therapist is legally obligated to follow the orders.
4. Who knows more/is better qualified to decide what splint should be made.